

Docket No: AM100907 C1  
Patent

In re of Application of: Beat Theodor Weber  
Application No.: 10/750,196 Group Art No.: 1621  
Filed: December 31, 2003 Examiner: S. Barts  
For: Methods for Preparing O-desmethylenlafaxine  
Confirmation No.: 9169  
Customer Number: 25291

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

AMENDMENT TRANSMITTAL LETTER

1. Transmitted herewith for filing is an amendment for this application.

PETITION FOR EXTENSION OF TIME

2. (a) Applicant petitions for an extension of the time for the total number of months checked below:

<input type="checkbox"/>	One Month.	Fee in the amount of	\$	120.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	450.00
<input checked="" type="checkbox"/>	Three Months.	Fee in the amount of	\$	1,020.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,590.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	2,160.00

**CERTIFICATE OF MAILING 37 CFR §1.10**

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EU733071953US addressed to the Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

3-24-05  
Date

John R. Barker  
John R. Barker

03/28/2005 SSESHE1 00000018 011425 10750196

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If an additional extension of time is required, please consider this a petition therefor.

**(Check and complete the next item, if applicable)**

- ☐ An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

OR

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**Extension fee due with this request: \$1,020.00**

**FEE FOR CLAIMS**

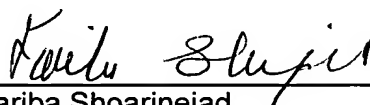
3. The fee for claims has been calculated as shown below:

<b>CLAIMS AS AMENDED</b>					
(1)  FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE		(5) ADDITIONAL FEE
TOTAL CLAIMS	2	20	0	X \$ 50.00	0.00
INDEPENDENT CLAIMS	2	3	0	X \$ 200.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 360.00	
<b>Total Amendment Fee:</b>					<b>\$0.00</b>

- ☒ No additional fee for claims is required.  
☐ Total additional fee for claims required: \$0.00.

4. Method of Payment of Fees:  
Charge Deposit Account No. 01-1425 in the amount of: \$1,020.00.  
**A duplicate of this transmittal is attached.**
5. Instructions as to Overpayment:  
Credit any overpayment to Deposit Account No. 01-1425.
6. Authorization to Charge Additional Fees  
☒ If any additional extension and/or fee for claims is required, charge  
Account No. 01-1425.

Respectfully submitted,



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Fariba Shoarinejad  
March 24, 2005  
Attorney for Applicants  
Reg. No. 48,182

Wyeth  
Patent Law Department  
Five Giralda Farms  
Madison, NJ 07940  
Tel. No. (484) 865-8607